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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

TREATMENT OF TYPHOID FEVER.*

BY JAS. F. HIBBERD, M.D.

As a general introduction I desire to say that in the remarks about to be submitted the fact that my audience is composed of practitioners of medicine will be kept steadily before my consciousness, and details will only be dwelt on where necessary to illustrate principles, because of the conviction that when the picture sought to be presented has been successfully etched in an intelligible manner in its major points, each of my hearers will be fully competent to fill in the minor details to a satisfactory completion; and in these premises is essentially the difference between the task, self-selected and set in this writing, and the duty required to be performed if my service were a clinical lecture with a case before me, all of the particulars of which would have to be inquired into, and for which it would be obligatory on me to give concrete attention to the utmost minutiæ and specific directions concerning every thing. It will be observed that

* Read before the Union District Medical Society, at Rushville, Ind., Oct. 28, 1880.

my comments have reference exclusively to typhoid fever plain, omitting all consideration of its complications.

About twenty years ago I was called to see a young lady with fatal typhoid fever, in consultation with a physician older than myself. The patient was in probably the third week of the fever, and was taking, under direction of the attending physician, calomel to correct the secretions, turpentine for the diarrhea and tympanites, ipecac for the cough, carbonate of ammonia for debility, valerian for nervousness, quinia as an antidote to malaria, and peppermint for nausea—seven different drugs administered at the same time, each in periods varying, say, from thirty minutes to three hours. The doctor insisted that symptoms were present for which these were the appropriate remedies, and no argument of mine could convince him that such a medley of medicine would have results that no man could anticipate or measure.

During the current calendar year I have managed to restoration a case of typhoid fever in my own family of average severity, the drugs administered during the continuance of the malady being twenty grains of quinia, say two drams of Squibb's deodorized tincture of opium, and four ounces of brandy, not because these are special remedies for typhoid fever—for there are no such special remedies—but because they were called for in this particular case, in my judgment, and they were all the case demanded. For at least three fourths of the time the fever lasted no medicine at all was given, because I knew of nothing that would make the case progress better.

These two events are presented as illustrations of what was formerly thought necessary in the medication of typhoid fever by a doctor in good standing and in full practice, and what has been recently done by myself in a case where I had the highest incentive to do the best, and could do exactly as my will dictated. And I offer the rehearsal as a fit proem to what I have to say concerning the treatment of typhoid fever.

A Frenchman, instructing as to the proper cooking of a rabbit, directs as the first step to catch the rabbit; so in speaking of

the treatment of typhoid fever it is important to advise that one be sure he has a case of typhoid fever to treat. There is typho-malarial fever and a typhoid state of the system in other diseases that should not be mistaken for typhoid fever; and while true typhoid fever may be caused by eating diseased meat, as in those who ate the spoiled veal during the festival at Kloten, Switzerland, in 1878, it must be kept in mind that diseased meat may excite fever with vomiting, purging, and other disturbances of the alimentary canal and the nervous system, that bear a strong resemblance to those of typhoid fever, and yet are not, as in those who ate spoiled veal during a festival at Andelfingen, Switzerland, in 1839. So too sewer-gas may induce real typhoid fever, as in the Prince of Wales not long since, or it may cause widespread and serious disease not typhoid fever, as at the National Hotel in Washington some years ago. In the present state of our knowledge we must rest on the idea that typhoid fever is produced by a small portion of the excreta from the bowels of a person suffering from typhoid fever, and that this may be carried from the ill to the well by air from a drain or that has passed over dried feculent matter containing the morbific agent, or it may be carried by the fingers, or in milk, or water, or meat, or possibly esculents of many kinds, the essential in the premises being to conduct the contagium from the intestinal canal of one having the typhoid fever to the canal of one liable to it.

Having determined that we have a case of typhoid fever to treat, we must recognize the further fact that it is a specific disease that has a certain order of development, a certain succession of phenomena, and a certain time to continue, at the end of which it spontaneously subsides, just as smallpox, measles, and mumps have each a certain order of development, a certain succession of phenomena, and a certain time to continue, at the end of which they spontaneously subside. The natural average duration of typhoid fever is twenty-eight to thirty days; and if we can keep our patient alive for this period, and no local lesions have been created by it incompatible with life, our patient will get well.

Typhoid fever is never jugulated. The contagium having found a fruitful lodgment in a human system—taken root, as it were—the whole succession of phenomena must be concluded, it may be mildly, it may be severely, it must be completely if the system has sufficient vitality to bear the burden it imposes. Sir William Jenner, the highest authority in Great Britain, recently declared these words: "I have never known a case of typhoid fever cut short by any remedial agent; that is, cured." It is therefore an important factor in our knowledge of the proper therapeutics of the disorder that we see our whole duty in managing it to its natural termination, making no attempt to cut it short, to cure it. This prime fact clearly recognized, and permitted the controlling influence it should have, simplifies the management in a high degree, and saves the patient from much of the perturbating medication deemed essential a few years since, and which, at the best, never did any good, and, there is reason to fear, often precipitated complications that otherwise would not have appeared.

The first and chief essential in the management of typhoid fever is rest. Among the earliest symptoms are a sense of great prostration, a general soreness and aching of the back and limbs, loss of appetite, and disturbance of the bowels. If the patient undertake to overcome these ills by active exercise, forced eating, or strong purgation, he may do that which will destroy his life, that might otherwise be saved. The physician should require the patient to take his bed on the advent of these symptoms, if at all serious, and keep him there until the disease has run its course; and the physician would commit an error if at this stage he should undertake to improve the condition of the patient by giving him tonics, stimulants, antiperiodics, or alterants.

During the first week of the fever frontal headache and sleeplessness are what the patient suffers most from, and which the medical attendant will be urged most to alleviate. They can not be overcome entirely, but may be modified. The room should be kept cool, dark, and thoroughly ventilated. Sometimes cold

applications to the head are most relieving, sometimes warm; experience must be obtained, appreciated, and allowed to guide. If the temperature be high and the skin dry, a sponge-bath, often repeated, if necessary, will be proper and may induce sleep; but if the insomnia be too distressing and protracted, potassium bromide or chloral, or, perhaps better still, the two combined, may be given at night in moderation. Opiates should not be wholly discarded at this stage, but must be administered, if at all, with great attention to their general powers and any idiosyncrasy of the patient.

During the second week delirium supersedes the headache, the bowels are apt to be more disturbed and tympanitic, the tongue thickens, and the strength fails. We have no cures for these evils, and our ability to ameliorate them is limited. The diarrhea has a triple cause; the general intestinal mucous membrane is affected, as are the other tissues, by the constitutional condition; the discharges from the now ulcerating intestinal glands are irritant to the mucous membrane they pass over; and there is a special sympathy between the ulcerated patches and the lining membrane, that joins the other influences to augment the troublesome diarrhea. Still if there be not more than, say, five moderate discharges in the twenty-four hours the diarrhea may be left to itself; but if the diarrhea be much greater than this, and especially if there be blood in the stools—and there may be slight hemorrhage at this stage from superficial ulceration of the agminated glands—opiates may be cautiously used and the carbonate of bismuth; and if the stools be unusually feculent charcoal will be serviceable. Turpentine stupes to the abdomen, formerly so much in vogue, are without benefit, and turpentine internally has nothing to commend it.

In the deep ulceration of the third and fourth weeks of the fever serious and alarming hemorrhage may come of the opening of larger vessels at the bottom of the ulcers, and call for the active use of opiates, and, it may be, of the acetate of lead in addition, to keep the bowels quiet; and the patient must be kept recumbent absolutely. If stools take place and the bed-pan can

not be used, cloths must be substituted. Under such circumstances an attempt to rise to a commode for stooling may involve an immediate fatal result. I had such a disaster in my own practice many years ago. Injections of starch-water and laudanum are valuable in some forms of diarrhea if efficiently applied, but it is so rarely that this can be done in private practice that they need not be mentioned as among our available means for regulating the diarrhea of typhoid fever, except where skilled nurses are in attendance.

It must be borne in mind also that while superficial ulceration of the intestinal glands almost invariably produces diarrhea, the deep ulceration of the later stages of typhoid fever often has precisely the opposite effect; that is, induces paralysis of the bowels and consequent constipation; and in connection with this the bowels may become enormously distended with flatus, the acme of this difficulty being reached in the latter part of the third or in the fourth week, as it is at this time that sloughing and deep ulceration of Peyer's patches are present with their attendant physical prostration and nervous exhaustion. It is at this time that alcohol in suitable doses promises its most effective service. It will add to the vital vigor of the patient without increasing fever or other morbid activity. There is sometimes great accumulation of flatus in the rectum, with no ability in the gut to expel it, and in such cases the judicious insertion of a suitable elastic tube will aid the escape of the gas and afford great and valuable relief.

Temperature when it exceeds 106° F. is always a threatening symptom, and it should be lowered by the application of cold—by cold baths, if the patient be able to take them; if that be dangerous, then by sponging or the use of water-bags or tubing. I know of the reliance of the Germans and many Americans on large doses of quinia to abate excessive temperature, but while I do not wholly discard them I feel that my patients will do better to have their pathologically high animal heat reduced by means that do not unpleasantly affect their nervous systems nor disturb their digestive apparatus.

Feeding typhoid fever patients is an affair of magnitude from beginning to end. Even in the forming stage the appetite is gone, and may not be safely tempted with improper food. No aliment that has an indigestible residue may be given at any time, and solid food, in the usual acceptation of the term, must also be withheld. And it should not be forgotten that milk must become coagulated in the stomach before it can be digested, and if more be taken than can be converted into peptone by gastric energy the curd remains to ferment in the stomach, or passes into the intestines as solid food that irritates, and has been known to act as an exciter of increased diarrhea, fever, and their accompanying dangers. But milk properly administered may be used at all stages of the disease, through the greater part of it, with the pulp of ripe fruit, bread, etc.; and in the third and fourth weeks with alcohol, eggs, and the like. Broths and soups are appropriate, and an especially nutritious preparation is the expressed juice of a juicy beefsteak slightly cooked and properly seasoned, given diluted or mixed with crumb of bread, potato, or rice, made into pulp. Indeed all food should be fluid or pulpy, for obvious reasons. Consideration must be had to the quantity of food suited to a given case. Ingesta that can not be converted into nourishment excites fever or diarrhea, or remains in the alimentary canal to ferment, irritate, and increase flatulence.

Drink is another matter of prime importance in these cases. The patient should have plenty of fresh, pure water. While he is rational his desires may regulate the quantity; when he is delirious it should be given him according to his manner previously or his known habits. In my own experience conscious patients have had craving for very sour lemonade, and I have indulged them freely.

As at present advised we must account the discharges from the bowels as the vehicle of the contagion of typhoid fever, and consequently the management of them should receive early and constant attention. It is not seemingly the fresh alvine evacuations that bear the contagium, but those which have been passed

for a time. While the patient is able to rise to the commode or use the bed-pan, the vessel—which should be glazed clayware, never wood or iron—should constantly have in it a solution of sulphate of iron (one pound and a half to the gallon of water) or of chloride of zinc (two ounces to the gallon of water). The quantity need not be large — say from four to six ounces — enough to cover the bottom of the vessel. The stool is passed into this, and immediately that the patient rises an additional portion should be added, sufficient to make at least twice the amount of the stool, and they should be thoroughly incorporated; and then it is better to bury the mixture where the drainage is surely away from the house, the wells, and the water-supply for both man and beast. If cloths be used to receive the stools they should at once be boiled, as should all the bedding and garments used by the patient. And this leads to the recommendation that the bed or mattress be covered with rubber cloth or other impervious fabric, and only such things allowed between it and the patient as may be removed and boiled. The sick-room too should be trimmed to this idea; all carpets, curtains, and other stuffs that might receive the contagium and can not be boiled should be removed. Where boiling is advised and it can not be done at once, the things should be completely saturated and covered with the solution of the chloride of zinc. No refuse food, soiled clothes, or dishes, nor personal discharges of any kind from any person should be permitted to remain in the sick-room, which should be kept thoroughly clean, perfectly ventilated, and clear of all persons not necessarily attendant on the patient, and of those unpleasant odors and fetid gases, as of carbolic acid and chlorine, that in any respirable quantity are wrongfully accounted disinfectants, but which are in fact only impurities in a room where the utmost purity is demanded, and are too often merely more potent smells invoked to cover a failure, either through ignorance or laziness, to remove dangerous smells that ought not to be allowed to exist for a moment.

With these precautions, and with thoughtful attention to numberless little affairs that any judicious nurse will see, but

the most prescient doctor will not always anticipate, not only can the spread of typhoid fever be measurably prevented, but the mortality among those who may be attacked will be comparatively light.

The foregoing method of management contemplates that for much of the natural duration of uncomplicated typhoid fever no active medication is demanded, and, as an abstract proposition, should not be given; but we must not ignore the fact that in ordinary private practice the friends of a patient will not be content to see him suffer without medicine for days together, even if the patient himself were willing; and their uneasiness would affect him unfavorably if rational, and if delirious they would assume the responsibility to call in some physician or quack who would give medicine or something bearing that name. This state of the lay mind is doubtless due to assiduous and long-continued cultivation by the profession, the prevailing idea among all classes being that while a doctor attends he must administer drugs; that this is the chief end of science, and the service by which the physician earns his fee. It is a doctor's duty to cure where he can not prevent, and if he find that systematic dosing must be maintained where no active medicament is required he must be diligent and earnest with placebos.

In February last a young farmer four miles in the country was seized with typhoid fever. I saw him in the first week and diagnosed the malady, and did not see him afterward, but his father reported progress every one, two, or three days at my office. It was a mild case, without complications, and needed very little medicine, but the family and neighbors needed much, and the patient took with the utmost regularity, while not sleeping, two grains of chlorate of potash in solution every three hours, superseded at intervals by tablespoonful doses of water slightly acidulated with nitro-muriatic acid. Theoretically these might both be accounted appropriate remedies, and perhaps they were beneficial, but if so the patient was easily affected; and if I had not deemed it advisable to keep the environment in good condition, and through it the psychical status of the patient in

favorable equilibrium, I should have trusted the case, with watchful observation, to rest, aliment, and proper nursing.

I can not more appropriately close this brief and imperfect effort to picture the rational treatment of uncomplicated typhoid fever than by quoting a sentence of Sir William Jenner's address to the late meeting of the Midland Medical Society, as follows: "As the treatment in reference to many symptoms is, in the present state of our pathological knowledge, tentative, it may have to be varied frequently, both as regards continuance and dose of drug, of stimulants, and of cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress not only with the most skilled and intelligent, but also with the most constant care, and gives *unceasing attention to little things*, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if possible evil be death and the probable good short of the saving of life, holds his hand."

RICHMOND, IND.

DIAGNOSIS OF INSANITY.

BY ORPHEUS EVERTS, M.D.

Insanity is a derangement of thought and action indicating disorder of the mechanism of consciousness, by which perceptions and their reflex mental concepts are perverted and falsified. Insanity is not a disease, but an assemblage of symptoms of disease. It stands in the same relation to disease that pain does, only occupying a much broader field or wider range of uncertainty respecting the physical disorder which it reflects.

An early recognition of insanity is important, both medically and socially. It is important medically as affording greater prob-

ability of cure, and socially because of the recognized relation of mental states to human conduct and responsibility. Great, sudden, or long-continued departures from that common condition of consciousness and its activities which is characterized by ordinary mental states of men occupying a common plane of life, the variations of which, however numerous, are within certain well-defined limits, are readily recognized by ordinary observers, and the subject of such derangement may be unhesitatingly pronounced insane. But there are other departures from ordinary courses, so slight at first, so insidious and slow of progress as not to attract the attention of unskilled observers, and also to deceive such, if tested by their perceptions, which may nevertheless be symptomatic of grave disorder.

Insanity as an indication of disorder is like pain in another respect. If one hears another groaning or shrieking, or sees him writhing in agony, every feature and every gesture expressing pain, no doubt is even suggested to our minds respecting the man's suffering and an implied disorder of his system. At the same time there are persons all around us suffering pains which find no such marked expression, which do not attract attention nor enlist sympathy, yet indicate, when correctly diagnosed, serious if not fatal organic lesions.

How shall we determine what mental states or manifestations constitute insanity, or distinguish the perversities of morbid consciousness from the variable reflex presentations possible within the range of health? By our knowledge of mind in association with living material mechanisms. By physical signs and commemorative circumstances.

A comprehensive knowledge of mind such as is within the reach of every intelligent student implies a comprehensive knowledge of man physiologically considered as an individual and historically considered as a race. It implies also a consideration of all other beings with the living mechanism of which mind in any possible degree of development is known to be associated, whether such being is capable of thinking or only of less and still less complex responses of consciousness to

sensation, yet corresponding in complexity and force to its own needs.

The Physical Signs of Insanity may be classified under two heads, viz. 1. Expression; 2. Pathological Conditions. Under the head Expression are embraced all such signs as aspect, gesture, attitude, manner, habit, emotions, and utterances which are indicative of mental states. Under the head Pathological Conditions are included all such present bodily disorders, dyscrasias, cachexias, or mechanical injuries as are known to affect the function of ideation by immediate or remote influences.

The value of aspect or look of the insane as a diagnostic sign depends upon the stage or violence of disorder indicated and the skill and practice of the observer. But few persons, however well informed theoretically, who have not made long and patient clinical studies of insanity, when introduced to the wards of an insane hospital, are enabled, by the aspect of inmates who may surround them, to distinguish attendants or nurses from patients. The countenances of insane persons are nevertheless expressive of mental states, as is the face of every person, whether sick or well, had we but the skill to interpret its expressions.

There is a notion prevalent that the secrets of a distempered soul are always gleaming from a madman's eyes. This is a popular error. The eye itself is not affected by any effluence from within. Great changes of countenance or general expression are effected by the relations of surroundings to the eye, by the contraction and relaxation of various facial and orbital muscles, but the eye itself undergoes no change beyond the variations of the pupils. An exploration of the inner chambers of the eye by the most skillful ophthalmoscopist fails to discover diagnostic information respecting mental states. As well might we expect to find a registry of thoughts upon the tympanum as upon the retina, or to discover a man's delusions by rhinoscopy, as by looking into his eyeballs.

What has been said of aspect or look may be repeated of gesture, attitude, and manner. They all contribute to a gen-

eral and harmonious expression of mental conditions. So intimate indeed is the relation of expression to mental states, they are regarded by eminent physiologists as concomitant and inseparable. There are attitudes which, if persistently maintained, and gestures which, if continuously repeated, no one would fail to accept as testimony of mental disorder. But ordinarily these witnesses, like the expressions of face, including the wild, flashing, or dull eye, in which so much confidence has been reposed, require corroboration.

Habits are only indicative of mental derangement when they transcend the limits of eccentricity or furnish a contrast with usages customary with the individual suspected or persons of his class and surroundings. Emotions and utterances should afford the most trustworthy and easily-recognized evidence of mental disorder of any of the physical signs, and yet in all doubtful conditions their testimony has to be weighed and considered with great caution. Disorders affecting mental states show themselves through emotional perturbations often long before more purely intellectual manifestations indicate disturbances of any kind.

Pathological Conditions as physical signs of insanity, unassociated with corroborative signs of expression, are, however suggestive, not to be trusted. But associated with expression they become interesting and important witnesses. For intimate as is the association between mind and body, whether embracing the entire structure or limited to the brain and its appendages, there is no pathological condition revealed during the life of the subject from which alone the most expert can infer with certainty a given mental state or predicate necessarily attendant actions or expressions. Our present state of knowledge enables us to recognize only the coarser structural changes in such organs as can be examined during and to infer living conditions from investigation of organs hours, sometimes days, after life has ceased and other forces have been holding silent but not inactive possession of them. All those more delicate lesions of structure by which functions are deranged, but which do not result from nor neces-

sarily end in organic change perceptible to our senses, but the manifestations of which are palpable, still baffle all efforts of science to demonstrate them. And while it is true that a large proportion of persons who die clearly insane present pathological conditions sufficiently coarse for recognition also, and sufficient to account for their mental states, it is also true that many cases of a doubtful class, or during the incipient or early stages of disorder, are attended only by and result from those occult, delicate, perhaps molecular changes or disturbances of structure which, for want of knowledge, we call functional. And it is in just this category of cases in which a correct diagnosis is of the greatest importance.

As there is no pathological condition open to inspection in the living subject upon which insanity may be predicated with uniform certainty, it is equally true that there is none that may not under some circumstances become the exciting cause of mental derangement, however remote the probability of such a result. Tongue, pulse, and temperature are not pathognomonic of mental disorders.

Commemorative Circumstances as evidences of insanity are only less significant than physical signs, as pathological conditions are less significant than expression. Commemorative circumstances taken by themselves can do but little more than excite suspicion or awaken apprehension of insanity, but when associated with physical signs they become powerfully auxiliary, and without their aid the value of doubtful expressions is difficult to estimate.

There are three classes or variations of mental states which may be regarded as disorderly, and, if continuous, as indicative of disease, under which all phases and grades of insanity may be profitably grouped:

1. States of mental exaltation.
2. States of mental depression.
3. States of mental inertia.

These states, especially those of exaltation and depression, frequently alternate in the same subject in the earlier stages of

mental disorder, either state predominating for an indefinite period. As there are many degrees of departure from a uniform standard of mental activity within the limits of mental health, and so not referable to either classification as given above, there can be no fixed gauge of mental equilibrium by which mental disturbances may be tested. Hence the mental states of each man within certain bounds must be tested by contrast with the states natural to and customary with the individual. This can only be done by an appeal to commemorative circumstances.

A change of mental state, often gradual and insidious, more often emotional than intellectual, as indicated by expression, is the preface, as it were, to a volume of insanity the chapters of which may not yet be written. So uniformly is the outbreak of mental disorder preceded by this period of change of indefinite duration — sometimes quite brief — that there are few instances where the fact can not be established by commemorative circumstances.

After ascertaining the character of present and more recent mental states, the next thing in the investigation of a case of supposed mental disorder is, to compare such states with conditions habitual or characteristic of the individual. If the present state be that of exaltation, and yet within certain bounds, and it be the consequence of derangement, commemorative circumstances will decide the point. Some men are characteristically braggarts, self-asserting, exaggerating, domineering, or perhaps good-natured swaggerers or self-important liars. Some men go through life breezy, blustering, and sometimes tempestuous — always in a state of exaltation as compared with some other equally familiar characters, calm, self-possessed, level-headed men, or timid, reticent, and undemonstrative persons, each one of whom may represent a natural or physiological condition, his peculiarities being the result of typical structures, and not variable disorders of a single type of organization.

There is no more trustworthy evidence of insanity than that of emotional and intellectual change in a person without a suffi-

cient and rational cause other than disorder. When a miserly man becomes generous or profligate, or a man of means manifests fears of poverty and want; when a modest and obedient son becomes headstrong and unreasonable, or antagonizes the will of parents and friends; or when a bold, lively, harum-scarum fellow becomes moody and inclined to seclusion; look out; these are the danger-signals of insanity. Some men are from youth up characteristically vulgar and filthy in all the relations of life, while the habitual expression of others is refined, cleanly, and respectful. Each man's condition therefore must be tested by reference to his natural states, inasmuch as the physical signs, accompanied by commemorative circumstances, which should be accepted as proof of disorder under some circumstances, under other circumstances would be entirely consistent with the laws of health.

Eccentricity of character is not necessarily insanity. If of natural growth and consistent with itself, it may indicate eccentricity or peculiarity of organization, but not disorder of mechanism such as it is, the peculiarities of which we may not be able to detect or explain.

Another important commemorative circumstance should always be considered in estimating the tendency or value of expression as an evidence of insanity, and that is the circumstance of early education and associations, the force of public opinion of different communities or peoples as influencing ideas, beliefs, and acts. That a South Sea cannibal should kill and eat a Christian missionary would not be evidence of insanity on the part of the cannibal; but should the Christian missionary, unless overwhelmed by the savagery of hunger, kill and eat with relish a cooked cannibal, the evidence of insanity would be indisputable. An act of homicidal violence by a man born, reared, and educated in communities where to resent personal affront or injury by sudden or deliberate manslaughter is inculcated as a right and duty, and sustained by communal approbation, would not have the same significance of mental disorder that a similar act might have if perpetrated by a man born, reared, and edu-

cated where greater respect for statutory law prevails and greater regard for human life characterize the people.

Habits of body, as of eating, sleeping, cleanliness, and the involuntary or visceral functions, come under the head of commemorative circumstances, and are important considerations as diagnostic of mental states.

Loss of sleep is an efficient exciting cause of mental disorder. It breaks in upon and destroys that physiological rhythm which prevails in states of health.

Alternations of integration and disintegration, or repair and waste, to which correspond states of rest and activity, are essential conditions of vital force and the healthful performance of organic functions. Sleep without dreaming is the true physiological rest of the whole being, and especially of the brain. Inability to sleep, particularly if accompanied by indifference of will, is an evidence of disorder of the first class, and is very common to mental states of exaltation and depression, but not of inertia.

Impaired visceral function, as indifference respecting food, and inactivity of the organs of alimentation, are commemorative of states of mental disorder.

In mania and melancholia (names which correspond to states of exaltation and depression) central excitations seem to occupy the attention of consciousness to the exclusion, more or less complete, of the ordinary peripheral influences communicated through the special and especially the visceral senses. Hence the visceral functions, neglected by the brain, are but indifferently performed, and the organs themselves become impaired or or inactive for want of reflex cerebration. In dementia (corresponding to states of mental inactivity) this relation of reflex action is reversed. The function of ideation is in abeyance, while the brain may respond to visceral sensations, and all the lower organic functions be accordingly well and punctually performed.

Another class of commemorative circumstances pertains to pedigree and family history. We are, zoölogically considered,

but evolutions of our ancestors, perpetuating types and qualities of structure modified only by the laws of miscegeneration and less perceptible influences of various accidents and incidents of life. Our fathers live in us, and we will be repeated in feature and in characteristics by our descendants. The Hapsburg underlip, the Bourbon nose and mouth, the far-reaching insanities of the royal houses of Castile and Hanover, are illustrative of this tenacity of structure and characteristics through the evolutions of many generations. The testimony of heredity as an evidence of insanity is very valuable. The potentiality of insanity may be assumed as inhering to the structures of the immediate offspring of insane parents or parents in whom the potentiality is known to reside, but in whom the disorder may never have become actual. The development of insanity in collateral branches of the same descent is evidence of the potentiality of the disorder, diminishing in value by the distance of relationship. Inherited defects of organization, modified by the unknown influences of evolution, and acted upon by variable excitants, may respond by mental states or other features of disorder differing widely in different recipients of the same heritage.

Insanity, presenting itself in many phases of mental disorder—hysteria, epilepsy, inebriety, imbecility, idiocy, and other correlative conditions—may originate in a common neurosis of a single ancestor, but appear among a more or less widely-distributed posterity. The skillful diagnostician, seeking the evidence of commemorative circumstances respecting a doubtful case of insanity, will not content himself with the assurance that none of the patient's ancestors were ever insane, none of his kindred lunatics. Was his father or his grandfather a habitual or a periodical drunkard? was his mother hysterical or eclampsical? were or are any of his near kindred epileptics? etc. He will ask all of these questions.

Muscular convulsion, atonic agitation, and muscular paralysis are physical signs and phenomenal expressions of cerebral conditions, allied to, if not correlative of conditions which are otherwise expressed by mania, melancholia, and dementia. They

perhaps bear a similar relation to each other that ideation bears to coördinate muscular motion. Certain it is that both these orderly phenomena are associated with cerebral structures and activities, as are also their disorderly antitheses, and that an excessive manifestation of either ideation or muscular motion is to a considerable degree at the expense of the other. He who toils persistently and laboriously with his body may think, but the scope and volume of his thoughts are exceedingly limited when compared with the ideation of him who devotes all of his energy to thinking. But beyond these facts we know but little of the relation of structure to manifestation; and without knowledge speculation is not only endless, but useless.

Having thus summarized the elements of knowledge essential to an intelligent diagnosis of insanity, and indicated in a general manner its use, I will close this paper with a quotation from the great Chinese philosopher, apologetically rather than egotistically, viz. "When I have presented one corner of a subject to any one, and he can not from it learn the other three, I do not repeat my lesson."

CINCINNATI SANITARIUM.

CLINICAL REPORT OF SURGICAL CASES TREATED AT BUFFALO GENERAL HOSPITAL.

BY CHAS. C. F. GAY, M.D.,

Attending Surgeon.

OSTEO-PERIOSTITIS—RECOVERY.

Max Schmidt, aged twenty-six, entered hospital June 29, 1876. Four months before he fell down stairs, and was visited by Dr. Thompson, of Angola; had his leg dressed for fracture of the external malleolus; was kept in splints six weeks; then

removed to alms-house, and splints were then removed. On attempting to use the foot, redness, swelling, and great pain extending from the foot up to the knee supervened. Present condition—Foot cold, painful, swollen upon the dorsum, very red, resembling erysipelas in color. Patient said his fibula near the ankle had been fractured, and attributed his ailment to that. Poultice to foot was ordered. No fracture was detected. Patient ordered to keep his bed.

July 20th: No improvement; pain extends up the leg, and there are constitutional symptoms, but they are not traceable to specific disease. Has chills, and almost has convulsions if his limb in any way gets hurt. Today made several punctures upon the dorsum of foot with sharp-pointed bistoury. Considerable sanious fluid escaped, but no pus. In a measure this relieved the patient for a few days, and lessened the swelling also; but on its return punctures were again made with but the same temporary relief and result.

August 5th: Today I placed the patient under the influence of ether, and incised the foot and leg the entire distance from the toes to the upper third of the leg, and through the periosteum to the bone. Thin fluid in small quantity, as in the punctures, escaped. The wound gaped widely open, and so remained. The cut revealed great tension of the integument and periosteum, since the borders could not be approximated nearer than an inch immediately after. This tension of the skin is owing to hyperostosis of the tibia consequent upon the existing or preëxisting acute osteitis. The tibia therefore has become swollen and hypertrophied, binding the integument and muscles so tightly around the bone as to mechanically obstruct the circulation in the limb. Hence the coldness of the foot, which has only been kept warm by hot applications.

The bone was not carious nor necrosed. The wound was of course allowed to remain open, and warm-water dressings applied. During the following three nights morphia, which had been, previous to operation, hypodermically employed, had to be administered in order to secure exemption from pain, the

pain occurring almost always at night-time. After three or four days the patient enjoyed immunity from pain; the wound suppurated freely, all swelling disappeared, and fomentations were displaced by basilicon ointment. The wound gradually closed up, leaving the patient with a good limb.

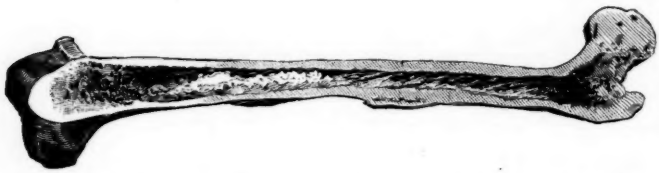
Incision freely through the soft parts and periosteum converted a non-suppurating osteo-periostitis into a suppurating cellulitis, which was followed by mitigation of pain and subsidence of all local and constitutional symptoms. The ostitis was not necrotic, and in this respect it furnishes an exception to the rule.

September 8th: Wound nearly closed, and patient is improving in flesh and health.

DIFFUSE CHRONIC OSTEO-PERIOSTITIS WITH OSTEO-MYELITIS—DEATH—AUTOPSY.

August Cigenhager, aged twenty-one, entered hospital May 23, 1875. Three months ago he slipped and fell while carrying a heavy plank. The plank fell across his thigh, causing much pain, which never entirely left him. There was no evidence of specific disease. His right thigh was swollen and painful, tender to the touch from the knee to the hip. He had been treated for rheumatism. Presently symptoms pointed to the presence or at least approach of pyemia. His pulse was 100 and temperature 103°, gradually rising to 106°. Quinine, whisky, and beef tea ordered, with poultices to the thigh. This treatment was continued until May 26th, when I determined to make an explorative incision down to the bone, in order to learn whether the periostitis was suppurative or non-suppurative. One half ounce of broken-down blood, but no pus or serum, escaped. The finger introduced to the bottom of the wound did not detect necrosis. Patient became worse instead of better after the incision was made. The thigh became emphysematous, and on the 29th the patient died. Autopsy made by Dr. Mynter sixteen hours post mortem. Emphysema general from head to feet, so as to render the body unrecognizable. Femur was removed

and longitudinal section made with the saw, which revealed diffuse osteo-myelitis. The entire contents of the medullary canal were destroyed; also a portion of the bone showed osteo-periostitis, and was partially necrotic. The accompanying figure is a correct representation of the bone as photographed shortly after its removal.



Remarks. Ordinarily one would conclude that in case of periostitis or osteo-periostitis free incisions down to the bone would arrest the tendency to septic poisoning. Favorable results from incisions might always be looked for in case the disease attacked the tibia or forearm; but when the femur or humerus is attacked the case is much more serious, and calls, in the majority of cases, for early amputation at the shoulder or hip-joint, to save the life of the patient. The incision down to the bone in this case I have reported gave no relief, but, on the contrary, seemed to hasten the progress of the disease to a fatal termination. Probably amputation at the hip at the time the patient came under my observation would have been of no service whatever in warding off the fatal result. Blood-poisoning is common in this form of disease, and when air gains admittance to the products of inflamed bone the liability to septic poisoning is enhanced. Incision therefore should be made with great caution, and its propriety well considered, especially when the disease is located either upon the humerus or femur and the inflammation is non-suppurative in character.

OSTEO-MYELITIS COMPLICATED WITH SYNOVITIS — DEATH — AUTOPSY.

I am indebted to my house-surgeon, Dr. McBeth, for the following report:

Henry Roache, aged forty years, laborer, widower, entered medical ward of hospital March 10, 1880, with supposed erysipelas of the right foot, leg, and one half of the thigh. Ulcerated spots appeared upon leg since attack; veins above disease unusually livid and enlarged. Local applications ordered of sol. opii et plumbi, and hot fomentations, with tr. iodine painted around thigh above the line of inflammation. Quinine, tr. ferri chloridi and whisky were administered.

March 15th: Opened abscess of leg by free incisions, and obtained pus, two pints. Flaxseed poultice applied, with permanganate of pot. and irrigation. This was followed by extensive sloughing, exposing gastrocnemius and soleus muscles.

March 27th: Poultice discontinued; used pulv. cinchonia bark with cerate. Synovial swelling supervened, and soon contraction of the hamstring muscles, preventing extension of limb, and at length sub-luxation backward of the tibia and fibula.

Patient was now transferred to surgical ward. On consultation of surgical staff, on April 28th, amputation was decided upon; but as pyemic symptoms are present, delay of the operation is advised, in order to improve, if possible, condition of the patient.

May 4th: Dr. Gay amputated at lower third of the femur. Limb was so much infiltrated that Esmarch's bandage could not be employed with safety or benefit, although its use was much needed, since the patient was scarcely able to lose any blood. Patient rallied from the operation slowly. Quinine and whisky in large doses often repeated were ordered, and drainage-tube employed, which was very effective in draining off a large quantity of pus.

Examination of the amputated member showed the medullary structure of the femur partially broken down and destroyed, soft parts infiltrated with pus, the joint surfaces and igaments entirely destroyed, and the bones necrosed. The opposite knee now began to swell, and became very painful, but was entirely relieved in a few days by the employment of the rubber bandage lightly applied around the joint. Pulse 130, temperature

105° F. Profuse sweating and aggravation of pyemic symptoms.

May 19th: Patient rapidly grew worse, and died on the morning of the 20th. Autopsy—slight pus deposit in knee-joint and large deposit in left thigh; viscera not examined.

Remarks. At his clinic Dr. Gay remarked that erythema occurring during the progress of osteal lesions is sometimes mistaken for erysipelas, and hence incisions are too long delayed, and when at last made are not carried to sufficient depth, in order to be most effective. Not only the integument and muscles, but the periosteum, should be incised, the incisions made freely and extensively; and it will be often necessary to penetrate to the medullary structure by employment of the trephine. Esmarch's bandage he always uses in amputations when practicable, but in this case its employment was interdicted on account of the danger arising from the supposed liability of pus to enter the circulation. The elastic bandage, if not dangerous when applied to an infiltrated limb, would most assuredly be useless; it could not possibly cause the expulsion of the blood from the blood-vessels; the vessels could not possibly be compressed, however tightly the bandage might be applied, so long as they were surrounded and protected by a considerable amount of serum or pus or any other fluid.

BUFFALO, N. Y.

A SUCCESSFUL CASE OF HIP-JOINT AMPUTATION.

BY G. GLANVILLE RUSK, M.D.

In the early part of May I visited Augustus Moore, colored, aged thirty years, mariner by occupation, who informed me that he had been suffering for three months and bed-ridden about one month, owing to the presence of a growth occupying the

inner side of the right leg, which had commenced as a subcutaneous lump near the knee. He had been ordered a variety of applications for the purpose of "bursting" it, and desired me to evacuate the matter at once, as he was unable to endure the agony longer. Upon inspection I observed a tumor, in which there was neither fluctuation nor pulsation, involving the anterior femoral region of the right leg, beginning in the vicinity of the knee and encroaching upon Scarpa's triangle. The dimensions of the tumor were fifteen inches in length and twelve inches in breadth. The increase in size had been rapid. A chain of glands could readily be detected in the inguinal region. At this time the thermometer revealed no difference of temperature between the limbs. I thrust into the tumor an aspirating needle of large caliber in different directions, from which neither blood nor pus issued; consequently I was unable to make a differential diagnosis. The query then presented itself, What is the pathology of the case? From the evidence I had obtained (as the non appearing of blood or pus contra-indicated the presence of an encysted abscess or an aneurism) I was compelled to denominate it a soft sarcoma, which opinion was concurred in by several eminent professional brethren. In view of the man's deplorable condition I proffered him an amputation at the hip-joint, as the only source of hope for relief or recovery. He accepted gladly the proposition, notwithstanding I endeavored to impress upon his mind the great dangers attending such a procedure. I sent him at once to the Church Home Infirmary for preparatory treatment, as his vitality was at a low ebb.

May 14th, at 2 P. M., I had him placed under the influence of chloroform, for the purpose of making an extensive incision through the tumor, to verify or set aside my diagnosis prior to operating. The contents of the tumor was coagulum. The circulation in the diseased limb had nearly ceased, lowering its temperature, and gangrene seemed imminent. Therefore I proceeded to perform the amputation at the hip-joint after the manner of Erichsen. Having used Lister's compressor, the amount of hemorrhage was reduced to a minimum. Upon the removal

of the limb I dissected from the flaps some heterologous tissue, which unfortunately was not subjected to the microscope. After the ligation of the blood-vessels the edges of the wound were brought together and secured by silk sutures. I found the nevus needle more convenient than the ordinary surgeon's needle. Reaction from surgical shock occurred in due time under the careful use of stimulants. No secondary hemorrhage. At my leisure I examined the tumor, which proved to be a diffused aneurism of the femoral artery.

May 25th: Rested well during the previous night under the influence of an anodyne; pulse 134, temperature 100.5°. May 26th, pulse 120, temperature 101.2°. May 27th, pulse 106, temperature 99.2°. May 28th, pulse 110, temperature 98.6°. May 29th, pulse 120, temperature 101.6°. May 30th, pulse 128, temperature 102°. May 31st, pulse 120, temperature 101.8°.

From the last mentioned date till his dismissal from the infirmary his improvement was continuous. The treatment was, an anodyne of opium or belladonna every night, to secure rest; ten drops of the tincture of digitalis, to calm the tumultuous action of the heart, alternated with quinine and iron every two hours, as a general tonic; and an enema of soapsuds when required. The diet was meat-essences, bread, milk, and soft-boiled eggs. No stimulants were used after reaction occurred. The stump was kept scrupulously clean. At no time was there any unpleasant odor from the wound.

June 14th: I discharged him from the infirmary well. Since that time he has engaged in the fruit-packing business, and is enjoying excellent health.

BALTIMORE, MD.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, November 15, 1880.

Among the many nuisances we have to contend with in this vast metropolis, and which are the direct outcome of our own carelessness, is that *bête noir* the fog. As with the sewage, so with the fog. We pollute our rivers and render the water unfit for consumption by the introduction of that which in its proper place would prove of inestimable value to the agriculturist. In like manner who can measure the boundless wealth that we blow recklessly away up our chimneys as unfit to be admitted to the delicate atmosphere of our chamber, and which we go forth to inhale in the form of fog in the thoroughfares of our towns? Well might Lord Palmerston define dirt as only matter out of place. The inventors of sewage-farms and slow-combustion stoves are beginning to give us practical illustrations of this trite remark. If the love of money be at the root of all evil it can not be said but what at times, just by accident, it gets at the root of something good also. For assuredly if cabbages and potatoes grown on sewage-farms and rooms heated in a great measure by utilized smoke had not become sources of profit to the speculator there is no knowing how long we might have waited before hygienic science turned its languid attention to such matters. As I write these lines to you I am obliged to illuminate my study with artificial light, and yet it is high noon with us and the sun is all there if we could but make way for his beneficent rays through the dense intervening wall of smoke. But this is not the reason why we grumble. There is real danger in the air. The amount of solid carbon we in London consume in the course of twenty-four hours must be something considerable; and this means actual suffering to many of us.

I am delighted to hear that at last an effort is being made to rid us of our foe. Mr. Ernest Hart, active and energetic as he always is in every thing which is of importance to the well-being

of his fellow-creatures, is again to the front on this important question. But it does certainly seem strange that for years we should have allowed this serious evil to continue without the faintest attempt to stay it. Yet so it is. We complain daily, hourly, of this as well as many other nuisances, but never make any effort to abate them; in fact, I believe as a nation we should be wretched if we could not grumble. You know full well it is an Englishman's privilege, nay his birthright. Ernest Hart then is our hope. He is the rudder to public opinion. When that unstable commodity is tossing to and fro and unable to decide for itself, he steps in, organizes a committee, and puts the matter on a proper basis. Simple and easy as all this appears when done, it requires a big man to start it. Why should we wait till 1880 in order that a fog and smoke committee should be instituted? Never mind; better late than never. Last week they held their first meeting, with Mr. Hart in the chair. The business consisted in a report from Mr. Coles—an authority on the subject, you will say—on the use of smokeless coal. He stated that the fields from which this coal was obtained were no less than eighty miles long by twenty broad, and many thousand feet in thickness, and that practically this supply was adequate for all uses to which it was probable it would be put. Mr. Coles stated further that there was also an inexhaustible supply of anthracite coal in America, and (though you will possibly smile at the low figure) that it could be supplied in London at sixteen shillings a ton. Be that as it may, the means of remedying our present system of coal consumption and imperfect combustion would be cheap at any price. So much for smoke in its initiation; but the question is also being tackled when it reaches the next stage—that of fog. This step has been promoted by the Balloon Society here, the idea being to disperse fog by means of the explosion of dynamite lifted to the proper altitude by means of a balloon. Whether this ambitious experiment is likely to effect its full purpose or not, is not the main consideration. It is of far more importance to us to know that search is being made to discover a remedy. Sooner or later success must follow.

I am sorry to tell you that the troubles at Guy's Hospital are by no means at an end. The whole aspect of the affair is an exceedingly sad one. Come what may, whether the staff resign or whether the governors become in the end amenable to reason, the school must suffer. That one of the grandest of medical institutions, associated with such names as Abernethy and Bright and a score more of the brightest ornaments of our profession, should be torn in pieces by the artifices of religious fanatics, is indeed a distressing spectacle; but of far greater importance is the effect of such disclosures upon the unthinking, illogical people who are so often forced to become acquainted with hospital treatment. The last case is one not of ill-treatment, happily, but of sad neglect on the part of a nurse. The details of the story came out at an inquest held last week. It seems that a patient applied at the hospital in consequence of an injury to his head. He was seen by a nurse, who dressed a superficial scalp-wound and sent the man away. The next day he returned with well-marked symptoms of compression, and was admitted into the hospital. The compression was caused by a depressed fracture of the skull which had not unnaturally been overlooked by the nurse, and shortly after the patient died. Great indignation has been felt both by the profession and the public that the man should have been seen by a nurse only, and not by a house-surgeon or even a dresser. For my own part, I do not think the nurse herself is so much to blame, for after all she is but a part of a system. She was a "Leicester nurse." This means she was under the superintendence of Miss Burt (now the matron at Guy's) when that lady was at Leicester. Women usually do as they are instructed or trained. They are not, as a rule, original-minded. They obey, but they can not lead. The nurse in question, as did the nurse in the now celebrated manslaughter case, appears simply to have followed out her instructions—not a written code, but a well-understood principle; that is, act as much as possible on your own responsibility and do not let the doctors interfere. And it is such a principle as this the staff of this illustrious hospital have practically rec-

ognized. At first, it is true, they wrote a letter to the governors stating their objection to the way in which the nursing arrangements were managed; but when, in reply, the governors called upon the two seniors, Dr. Habershon and Mr. Cooper Forster to resign or on behalf of their colleagues to recall their objection, the staff submitted to the dictation of the governors and elected to withdraw the letter; whereupon the governors resolved that "Dr. Habershon and Mr. Cooper Forster having withdrawn the letter signed by them on behalf of the staff, the governors do not think it necessary to insist on their resignation. The governors, however, must at the same time record their resolution to maintain in its integrity the power to govern the hospital intrusted to them by law, and this resolution must be accepted by the medical staff." Intrusted to them by law, indeed! If so, the sooner the law is altered the better. As a profession we ought to rise in a body and petition the legislature to interfere on behalf of suffering humanity to save this hospital from itself and its inimical friends.

To turn from this unthankful subject to more strictly scientific matters. We have in London many societies of a medical character, first and foremost among which is the Royal Medical and Chirurgical Society. This is, so to speak, the upper house of the profession. The present president, Mr. Erichsen, who is well known throughout the civilized world for his skill as a surgeon and for his vast knowledge of the literature of medicine, presides over the debates with singular care and ability. The society next in importance is undoubtedly the Clinical. Though comparatively a young society, it is nevertheless in good favor, specially with the younger men, and is doing good work

At the last meetings of these two societies two interesting and valuable surgical communications were presented by Mr. Henry Morris. This gentleman, who is Surgeon to the Middlesex Hospital, is, in my opinion, one of the most rising men in London. The first case to which he drew attention was one of aneurism of the external carotid, in which, after failure of the ligature of the common carotid, the old operation was performed

successfully. The patient—a woman aged forty-five—was seen by Mr. Morris first in May, 1879, when the aneurism was discovered above the bifurcation of the right common carotid, about the size of a walnut. In July a catgut ligature was placed round the common carotid on a level with the omohyoid where it crosses the cervical sheath. Four hours and a half after the operation faint pulsation returned in the aneurism. This by degrees disappeared for a time, returning, however, at the end of November, when it was again felt and the swelling increased; in fact, the aneurism had now evidently ruptured, and threatened to set up ulceration of the tense and distended skin. In these circumstances it was decided that the facial and superior thyroid arteries should be ligatured, and the sac was then laid open and all clots turned out. Some bleeding was seen from the distal end of the sac, but this was stayed by a ligature placed round the artery beyond the sac. From this time the case did well.

The practical point in the case which Mr. Morris wished to call attention to was, that if the Hunterian ligature is employed it is best to supplement it by the miscellaneous ligation of such branches of the external carotid as are easily accessible—such as the temporal, facial, and superior thyroid. At the same meeting Mr. Savory mentioned an interesting case in which a large portion of the carotid artery, jugular vein, and pneumogastric nerve were destroyed by an abscess in the neck.

To return to Mr. Morris's second case, which I think you will consider one of more than ordinary importance, seeing that it in a manner demonstrates the practicability of the successful surgical treatment of a disease not hitherto deemed to be amenable to radical measures. Mr. Morris entitles it nephro-lithotomy, and explains that he applies the term to the removal, through a lumbar incision, of a renal calculus from a kidney in which the pelvis was not dilated, and which, but for the presence of the stone, was presumably healthy. He is careful to distinguish between this condition of the operation and that which was in former times considered to warrant the use of similar measures, but which really differed widely from it in having for its object

the evacuation of fluid within the kidney, as the result of renal calculus or tuberculous disease, or presented other points of differences of diagnosis. The opinion of writers on the subject had, he said, been opposed to the employment of such means in order to remove a stone unless it could be reached through a distended pelvis, owing to the danger of hemorrhage from cutting or tearing the existing substance. He then mentioned his experience in the case in point, and maintained that the results conclusively proved that not only was the operation of nephro-lithotomy in such cases feasible, but it was also safe. The position of the question before this case occurred was reviewed, Marchetti's operation of the English consul Hobson was referred to, and six cases in which the operation was planned, but in which it proved abortive, were mentioned. These six cases were considered encouraging because all the patients recovered from the operation of exposing the kidney, and curiously enough obtained, at least for a time, relief from their symptoms. I am quoting from the report of the meeting as it appeared in one of our weekly journals, and as the case is of such interest I give the notes verbatim:

Maud M., aged nineteen, a servant girl of short, stout stature, and with a remarkably rough, scaly skin, had for eight years been subjected at times to pain in her right side, accompanied occasionally with a feeling of sickness and even actual vomiting. In September, 1879, she was admitted, under Dr. Thompson, into the Middlesex Hospital, and after treatment improved and returned to service. After some time she was again admitted, and in less than a month was able to go out again, but only to return a third time with urine as dark as porter and with the pains in the right loin and groin as severe as ever. At this time her urine was acid, and contained no other abnormal constituents than blood. Again the urine cleaned up, but the nephralgia was not relieved; consequently on February 11th of this year chloroform was administered and the right kidney exposed through an oblique lumbar incision. The right index-finger was then passed over the posterior surface of the kidney, and at once

detected something faintly projecting over the renal substance near the hilus. This turned out to be a mulberry calculus of triangular shape and weighing thirty-one grains. After the operation the girl rapidly recovered, and at the time the paper was read there was nothing whatever the matter with the patient excepting that a sinus of one inch and three quarters still remained in the loin discharging a dram of pus.

I think you will agree with me that Mr. Morris is to be congratulated on the success of this case.

Heartily as one must welcome any movement tending to the increase of medical knowledge, it is almost with a sigh that one reads in this week's news of the inauguration of another society to swell the lengthy list which had already provided occupation for nearly every evening in the week for such as had time to devote to their gatherings. The latest addition is enrolled under the title of the Ophthalmological Society of the United Kingdom, and judging from the support, according to their first ordinary meeting, by the leading men of all ranks in the profession, and the fact that they have secured as their president so eminent an ophthalmic surgeon as Dr. Bowman, F.R.S., the success of the society would appear to be assured. The opening cases were brought forward by Dr. Gowers, whose experience as a physician in this particular branch is almost unrivaled, and by Mr. Hutchinson, of European reputation in the surgical department of ophthalmological science. Dr. Broadbent and others of note took part in the discussion that followed, and altogether this new society may be considered to be fairly launched.

Reviews.

A New School Physiology. By RICHARD J. DUNGLISON, A.M., M.D., Author of The Practitioner's Reference-Book, Editor of Dunglison's Medical Dictionary, History of Medicine, Secretary of the American Academy of Medicine, etc. Illustrated with one hundred and seventeen engravings. Philadelphia: Porter & Coates. Pp. 314.

To write a text-book on physiology that shall embody the present status of knowledge in that department of science, and be adapted in a high degree to the service of lay schools, is a task that very few medical practitioners can satisfactorily accomplish. Success herein would demand a special study of physiology joined to a thorough theoretical knowledge of teaching or a sound practical experience as an educator in the departments of learning wherein the book should be used. There is scarcely a practicing doctor possessed of this dual qualification. It were an easier service to write a treatise on physiology for the profession, practitioners and students, than to prepare a book for the instruction of those acquiring a non-professional education. The author of this book does not appear to be one of the possible few who could write a wholly acceptable work for the purpose named.

Without inquiring into the merits of the volume as a chart of the advanced physiology of today, merely suggesting that no one who has not given acute attention to the progress of the science for the last few years is fully qualified to compile a book concerning it for any purpose, the style of its composition can not but impress one as being careless and inexact. The make-up of its contents has a perfunctory drag about it that is not prepossessing, and there seems to be a thoughtlessness in the construction of its sentences and an inattention in the selection of words where precise ideas ought to be conveyed that must be a serious drawback to the usefulness of the compilation. These

defects begin with the beginning and run through to the end. A few examples are submitted.

The first sentence of the preface is this: "It has been the aim of the author in the following pages to impart such information on the interesting subject of physiology as will make the reader familiar with the general structure of his own body." The rôle of physiology is to teach function, not structure.

On page 11 this: "So too the muscles are a physical apparatus acting like levers of different kinds." Are muscles ever like levers?

On page 21: "The skeleton has at its upper part the *skull*, which is itself a collection of bones of all sizes." Of all sizes!

On page 55, speaking of the inhabitants of the Arctic regions, our author says, "Tallow candles and the coarsest oils are eaten in large quantities by the people of those latitudes." It is a query of commercial importance, Whence comes their tallow? and are the esculent candles molded or are they the genuine pioneer dips?

On page 63: "So with flour; the gluten in it, mixed thoroughly with the starch and water, produces what we call bread."

On page 72, speaking of hunger: "In its slightest manifestation it is simply *appetite*, or an artificial desire for food." Appetite an artificial desire?

On page 130: "For when the blood leaves the lungs after being aerated it must be considered as a portion of the circulation." What was it a portion of before?

Here is a characteristic paragraph; it is found on page 193, and the author is discussing the membranes of the brain: "One of these coats is like a spider's web, so thin and delicate is its structure. Between this membrane and the next one is a space filled with a liquid called the *cerebro-spinal fluid*. It seems to have been placed there to prevent the surfaces of the brain from rubbing against one another, just as oil is poured on parts of machinery that come into contact with other parts. If it were not for this fluid the head when moved on the spinal column,

when bent in walking or stooping, would press on the delicate nervous matter and injure it."

"Taste is under the control of the will, being exercised actively or passively, according to the degree to which the muscles of the tongue are called into play." Page 233.

"The optic nerves as they pass from each side to the eyes mingle with one another like the letter X." Every one understands how the letter X mingles; and with this lucid exposition of the condition of the nerve fibers in the optic commissure, found on page 259, the selection of extracts from the volume is terminated. Surely those presented justify the conclusion that the author was not imbued with the fullness of knowledge in physiological science, or had not a rich and appropriate vocabulary at command to express his ideas. J. F. H.

Diseases of the Pharynx, Larynx, and Trachea. By MORELL MACKENZIE, M.D., Lond., Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. New York: William Wood & Co., 27 Great Jones Street. 1880. Pp. 440.

Exceedingly systematic and complete is this work of Dr. Mackenzie's. It treats of the pharynx, larynx, and trachea; it treats of them fully; and it treats of nothing else. The temptation to wander to the nares, to the esophagus, to the bronchi, is pressing and constant; but the author has not a word to say of either further than is requisite to bring the clearest light to bear on the pharynx, larynx, or trachea.

The book is divided into three sections. The first section of one hundred and forty-seven pages is devoted to the pharynx, the second of two hundred and sixteen pages to the larynx, and the third of fifty-five pages to the trachea. Then follow eight pages of appendix giving formulæ for topical remedies, inhala-

tions, and the like; and fourteen pages of index finishes the volume.

Each section begins with a carefully-written description of the anatomy of the part to which it relates; then comes the method of examination and the instruments required, followed by its diseases and accidents. In the presentation of the diseases superficial inflammation is first given; then abscess, ulcerations, eruptions, changes of form from structural alteration, malignant disorders, syphilitic disturbances, accidents, and the neuroses to which the part is liable.

A disease is first named; then its synonyms in English, if it have any, are given, followed by its equivalent name in Latin, French, German, and Italian—a bit of erudition the utility of which is not clear; then a concise and intelligible definition; then its history, etiology, symptoms, pathology, diagnosis, prognosis, and treatment, each under its appropriate head; and while this orderly arrangement is maintained throughout there is nothing of that formal stiffness of manner or matter that is not infrequently the associate of a rigid adherence to a uniform plan of presenting the theory and practice in a series of diseases.

Dr. Mackenzie has been an authority in diseases of the throat for a long time, and has decided opinions and pretty strong faith, as is his right, both as a rule founded on thorough knowledge and ample experience. Up to 1858 he was a believer in the duality of croup and diphtheria, in common with English physicians generally and in opposition to the French idea. At that time an epidemic of diphtheria invaded England and continued four years, during which time the views of our author underwent a revolution, and he has since maintained the unity of these disorders. In 1863 he wrote a prize essay asserting their identity, and in the book under notice he reviews the subject in a succinct way, presenting facts and arguments to exhibit the sophistry of those who hold to the duality of the diseases, and asserting their oneness and adducing the accumulated evidence of today to sustain the position. But a careful reading of his statement of the evidence does not convince one that he is right;

on the contrary, the very best verdict one can consent to is, his proposition is not proved. This position of the author may be regarded as one of his positive opinions based on insufficient data. The following may be looked upon as an exemplification of his faith in a matter not shared by the professional world to which he belongs. He says three grains of guiacum in a lozenge given a patient with incipient quinsy and repeated every two hours may be accounted a specific for the arrest of the crescent inflammation. Now his statistics show that in 1875 quinsy caused the death of two hundred and twenty-six persons in England; and it must be an unpleasant sensation for Dr. Mackenzie to feel that this mortality, with the immense amount of suffering it stands for, was due to the neglect of the victims to take a three-grain lozenge of guiacum every two hours in the outset of the inflammation.

Nothing is said on the title-page about illustrations, but the book contains one hundred and twelve figures mostly picturing instruments used in the diseases treated of, and the application of them, and doing it well.

The page of the book is large and set solid, so that the four hundred and forty of them contain within a fraction as much matter as the seven hundred and forty-two pages of the great work on Diseases of the Throat and Nasal Passages by J. Solis Cohen.

The general style of the printing and binding of the volume is that of the series of Wood's Library of Standard Medical Authors, of which this is a number. J. F. H.

The Art of Prolonging Life. By CHRISTOPHER WILLIAM HUFELAND. Edited by ERASMUS WILSON, M.D. From the last London edition. Philadelphia: Lindsay & Blakiston. 1880.

This is a neatly-printed and handsomely-bound duodecimo of nearly three hundred pages. It is too late and needless to

commend a work so long and favorably known as Hufeland on the Art of Prolonging Life. We wish all doctors and all their intelligent clients would read it, for surely its faithful perusal would be attended with pleasure and benefit.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London; Honorary Fellow of Kings College. Sixth edition, revised and enlarged. With one hundred and fourteen illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 342.

This book was prepared for the instruction of house-surgeons in English hospitals, but as the principles of surgery are the same outside of hospitals and outside of England as in them the teachings of the volume may have universal application so far as principles are concerned.

The practice of minor surgery in a great hospital is a very different thing from the private practice of minor surgery in the great world. In the former every thing of the surgeon's armamentarium that can be prepared in advance is ready when needed, because the frequent demand not only justifies but calls for anticipatory preparation; but in the latter the demand for any given thing is so uncertain that surgeons can not afford to keep it in stock, as the merchant would express it, and they must therefore have their wits not only ready to decide what is necessary, but where and how such necessary things can be obtained. The author is not unmindful of this difference in his teachings.

Mr. Heath's book is designed to be full and complete in the field he has allotted himself for cultivation, and, speaking generally, he has succeeded very well. Those for whom it was written will find it arranged for easy consultation, and the directions given are explicit and available, the well-executed illustra-

tions forcibly seconding the written text. But one feels that some of the therapeutical measures of the author have not seemingly the advantage of the latest attainments in that department of medical science. A thoroughly trained therapeutist would hardly advance the statement following. On page 73, treating of the management of scalds of the glottis in children, after directing what should be done as first measures, the author advises thus: "As regards medicines, antimony and ipecacuanha appear to offer the best chance of success, and they may be most conveniently administered in the form of wines. Large doses of either (and antimony by preference), according to the child's age, may be given, and frequently repeated until the breathing is relieved. Vomiting is not to be wished for, and will seldom be produced. Mercury may be combined with the antimony, and to be of service must be administered in heroic doses and frequently; but should the breathing become more embarrassed the operation of laryngotomy or tracheotomy must at once be had recourse to." That does not seem up to the most advanced knowledge of therapeutics in the Mississippi Valley.

J. F. H.

Geo. P. Rowell & Co.'s American Newspaper Directory, containing Accurate Lists of all the Newspapers and Periodicals published in the United States, Territories, and the Dominion of Canada, together with a Description of the Towns and Cities in which they are published. New York: 1880. Pp. 1044.

The title sets forth the character of this thick volume very fairly, and the immense labor of getting it up is a part of the advertising business of the proprietors. They claim to have business relations for advertising purposes with every paper in the Union and Canada. In the United States the book gives the particulars concerning eight hundred and forty-three daily and seven thousand five hundred and ninety weekly newspapers,

and a grand total of all classes of nine thousand seven hundred and twenty-three. An agency of this kind conducted on honest and prompt business principles is a great boon to a large number of American citizens. J. F. H.

Ophthalmic and Otic Contributions. By DANIEL B. ST. JOHN ROOSA, M.D., Professor of Ophthalmology in the University of the City of New York, etc., and ED. T. ELY, M.D., Assistant to the Chair of Ophthalmology in the University of the City of New York, etc. New York: G. P. Putnam's Sons. 1880. Imp. 8vo. Pp. 109.

Drs. Roosa and Ely have contributed thirteen papers to form this book, on various subjects connected with the eye and ear, and they are, for the most part, such as will particularly interest ophthalmologists and otologists, and only in a secondary manner other specialists and the general practitioner and student. All the papers have been published before, chiefly in medical journals, and are now collected in this thin, handsome volume for the convenience of those interested. J. F. H.

Clinic of the Month.

REMEDIES FOR HEADACHE.—The following recipes and suggestions for the treatment of different forms of headache, gathered by the Boston Journal of Chemistry, are collected from a variety of trustworthy sources:

Two grains citrate of caffein, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:

Muriate of ammonia, three drams; acetate of morphia, one grain; citrate of caffein, thirty grains; aromatic spirits of ammonia, one dram; elixir of guarana, four ounces; rose-water, four ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, two grains, three times a day, after meals; maximum dose, five grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is one fourth grain after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, two grains after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of thirty drops, largely diluted, three times a day, after eating, or phosphide of zinc, one tenth grain, in pill, three times a day.

Arsenic, as a nerve-tonic, stands next in value to zinc. Dose, five drops of Fowler's solution three times a day after meals.

Galvanism is sometimes valuable, but by no means a specific. The constant current should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton says the administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache removed even more effectually by nitro-muriatic acid, diluted, ten drops in a wineglass of water, or bicarb. soda, ten grains in water before meals. If the headache is immediately above the eyebrows the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer in the London Lancet remarks, "At the Middlesex Hospital female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of ten-minim doses of tincture of Indian hemp, three times daily between the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.

In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended:

Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two teaspoonsful of powdered charcoal well stirred in half a glass of water and drank at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses repeated every five or ten minutes for eight or ten doses, and then continued at longer intervals, for sick headache accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.

On Peripheral Temperatures.—Couty, on examining the peripheral temperatures in man, taking that of the palm of the hand, as ascertained by an ordinary clinical thermometer, found that (1) each person has special palmar temperature, varying within a limited range, and always different from that of other persons; (2) like the axillary and rectal temperatures, though to a less degree, the palmar temperature is but little affected by varying external conditions; and even if lowered 10° C., by immersion in cold water, returns in from ten to twenty minutes to its former height; (3) constitutional condition and temperament of patients have no obvious effect on the peripheral temperature; (4) digestion causes a subsequent rise in the palmar temperature; (5) during the night it was usually much lower than in daytime; (6) it is markedly affected by variations in the nervous irritability of the individual observed, whatever their cause may be. In disease Couty finds that the changes of the peripheral temperature, sometimes varying directly and at other times inversely with that of the trunk, give always an exact representation of the malady, its development, and often of the intensity of its complications. The curve thus obtained varies more extensively than a chart of the central temperature, being affected by many circumstances which leave the latter unchanged. During fever the palmar temperature rises relatively higher than the axillary, and the two tend to coincide or even do reach the same height. (*Archiv. de Physiol. Norm. et Path.*)

Subcutaneous Injection of Quinine.—The majority of practitioners agree with Liebreich that the hypodermic injection of quinine sulphate in any of the various forms in which it has been recommended is painful, while the results obtained are not sufficiently favorable to warrant its frequent employment. Prof. Köbner, however, considers that the hydrochlorate of quinine is better suited for this purpose, not only on account of its greater solubility, but because it contains a larger proportion of the base than does the sulphate of quinine, while the solubility of the preparation is greater in pure glycerin than in water.

Thus Prof. Köbner has obtained as good results in cases of intermittent neuralgia and other affections for which quinine is usually prescribed, from the injection of 0.12–0.15 gram of quinin. muriat., as are ordinarily obtained from the administration by the mouth of much larger doses (0.6–1.25), while the patients did not complain of any constitutional or gastric symptoms. The author gives the following as his formula for four injections:

Quinin. hydrochlor.		0.5–1.0;
Glycerin. }	āā	2.0.
Aq. destill. }		

Disp: sine acido.

(*Der Practische Arzt.*)

GLYCYRRHIZA AS A CORRIGENT.—E. T. Blackwell, M.D., writes in the Philadelphia Medical Times in the following practical and interesting way concerning this much-used laxative. His own formula is clearly an improvement on its predecessors.

A remedy of extended popularity is the pulvis glycyrrhizæ compositus of the Prussian Pharmacopeia. The formula is exhibited to show the proportion of each ingredient in a teaspoonful, the usual dose prescribed:

PULV. GLYCYRRHIZÆ COMP., PR.

	In each teaspoonful.
℞ Glycyrrhizæ pulv.	6 grains;
Sennæ pulv., āā ℥j	6 grains;
Sulphur. loti	3 grains;
Fœniculi pulv., āā ℥ss	3 grains;
Sacchari albi, ℥iij	18 grains. M.
Amount	36 grains—

containing 9 grains of laxative and 27 grains of excipient—a proportion of 1 to 3.

This prescription is faulty not only in that it is weak in laxative power, but because of the very great amount of sugar, which increases fermentation in sour stomachs, rendering it very objectionable in many cases. Its form is inexact, because an article affecting the combination as a corrigent is taken from its legitimate place at the foot of the formula and placed at its head. That it should give name to the medicine is absurd for the same reason.

The British form, which omits the sulphur and fennel, perpetuates the misnomer notwithstanding it degrades the naming article from the head of the recipe, which is here displayed for the reason already given:

PULV. GLYCYRRHIZÆ COMP., BR.

	In each teaspoonful.
℞ Sennæ pulv.	8 grains;
Glycyrrhizæ pulv., āā ʒ ij.	8 grains;
Sacch. alb., ʒ vj	24 grains. M.
Whole amount	40 grains—

laxative matter 8 grains, excipient 32 grains, or a proportion of 1 to 4.

The following scheme, in which the remedial drugs occupy the leading place and the corrigents and demulcents their appropriate relation and amount, I propose, with the name of pulvis sennæ compositus, as a substitute for the forementioned. The benefit of alliteration is used to aid the memory:

	In each teaspoonful.
℞ Sennæ pulv.	8 grains;
Sulphur. loti	8 grains;
Sacchari albi, āā ʒ ss.	8 grains;
Fœniculi pulv.	4 grains;
Glycyrrhizæ pulv., āā ʒ ij.	4 grains. M.
In all	32 grains—

laxative 16 grains, excipient 16 grains—an equal proportion.

No one will question, I think, the improvement in bringing the quantity of sulphur to equal that of the senna, which it so much surpasses as a laxative. Nor does it prove less acceptable to the taste, while it is better tolerated by the stomach.

TREATMENT OF THE INITIAL LESION OF SYPHILIS.—Mauriac regards extensive ulceration or phagedena as likely to be followed by grave subsequent lesions. Of early excision, as recommended by Auspitz, he thinks nothing very promising has yet been proved, yet its trial is not to be abandoned. (*La France Médicale.*)

TREATMENT OF SYPHILITIC ULCERS (AND CHANCROIDS) BY PYROGALLIC ACID.—Vidal found that an application of an ointment composed of one part of pyrogallic acid to five parts of vaseline brought about healing of a syphilitic ulcer that had resisted other measures. The same application he found to bring about healing of chancroids in a few days. This combination was the best of several that he tried. It caused moderate pain for eight or ten minutes. (*Bull. Gén de Thérapeutique.*)

CURE OF SYPHILIS WITHOUT MERCURY.—Kurz would have a distinction made between the cutting short of syphilitic manifestation by mercury and a cure of the disease. The former the drug will often do; the latter no more certainly than many other medicaments. It is in no sense a specific. As an illustration he gives a case where he used for the initial lesion neat inunction of iodoform and local cleansing with water and two-per-cent carbolic acid solution. In about two weeks (four after infection) a roseola appeared. Nothing but bathing, attention to the bowels, and good food were ordered. Two weeks later the roseola was gone, and the induration of the inguinal lymphatic glands almost gone. The fauces and tonsils were now inflamed. For this, chlorate-of-potash gargles were ordered. Two weeks later there was some headache, with a gummy infiltration over the right parietal bone. A daily bath and wrapping in a woolen blanket caused these to disappear. At the end of three months from beginning this treatment every symptom of syphilis was gone.

TREATMENT OF SYPHILIS.—After dwelling upon the importance of exhausting every conceivable means of diagnosis, Sigmund, as the result of his long experience, advises removing the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When this arrives he uses for the lighter forms the iodine preparations; for graver forms with defective nutrition and strength, palpably due to syphilis alone or widespread pustular, papular, or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately. (*Neuere Behandlungsweise der Syphilis.*)

A NEW DRESSING FOR THE NAVEL.—Dorhn recommends under this title the following arrangement in order to avoid the evil effects which occasionally follow the separation of the cord when dressed in the usual fashion. The newly-born child,

after having its navel-string tied and cut, is first washed in the usual manner, after which it is laid on a table, and the remains of the navel-string, as well as the parts round about the navel, washed with a two-and-a-half-per-cent solution of carbolic acid. The cord is now tied a second time with a ligature which has been duly carbolized, and the superabundant portion of navel-string cut off with its previous ligature attached to it. A layer of carbolized wool is applied over the stump of the navel-string, and over all a portion of sticking-plaster about the breadth of the hand is firmly fastened. This dressing is allowed to remain till the seventh day without being either aired or renewed. On removing it the remains of the navel-string will be found either nearly or entirely separated. In the former case it is cut off with a pair of scissors. The author declares that he has found this dressing very satisfactory in twenty-eight cases. (Edinburgh Medical Journal.)

THE THERAPEUTICAL VALUE OF PHYSIOLOGICAL REST IN THE TREATMENT OF LARYNGEAL DISEASES.—Dr. Beverly Robinson, of New York, writes in the Archives of Laryngology of this indispensable means in the management of laryngeal diseases:

> To gain its maximum of effect, let it be coequal as nearly as possible with the relative amount of laryngeal disturbance, whether it result from disease or traumatism. Viewed in this light, I look upon rest as a great aid to nature in her efforts. At times it will help her to repel threatening laryngeal inflammation of acute type and serious import; at times it will further and indeed complete the work of repair or cure, even in chronic affections of long duration, more than any other known agent which we shall be able to utilize. Whenever and wherever we are called upon to treat laryngeal troubles let us bear in mind that the production of physiological rest is the curative principle upon which most of the good effects attributable to other means—medicinal, surgical, and hygienic—in the main depend, and we shall then be willing to give to it its genuine value.

DIAGNOSIS OF FRACTURE OF THE NECK OF THE FEMUR.—Dr. Bezzi, in *Lo Spallanzani*, Nos. 1 and 2, 1880, calls attention to a sign which is pathognomonic of fracture of the neck of the

femur, but which he thinks is not generally known. In examining the space between the trochanter and the crista ilii it will be found that while on the sound side the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion. (Glasgow Medical Journal.)

[The discovery of this truly valuable diagnostic mark belongs to Dr. Allis, of Philadelphia.—Ed. Pract.]

The Uses of Iodoform.—H. C. Howard, M. D., Champaign, Ill., contributes the following to the Chicago Medical Review:

The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated, and abraded surfaces, which have for any reason too little inclination to take on healthy action, and which therefore require some alterative or stimulative impetus. I shall therefore designate in a few words some of the conditions in which I have found it useful.

Chancre and Chancroid. Take iodoform one hundred parts, sugar of milk two hundred parts, thymol one part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glans and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full of this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day for the first two or three days, then as healing continues they may be repeated less frequently. A fair trial of this method I am certain will convince any one of its superiority.

Herpes Circinata, Herpes Zoster, and Herpes of the Prepuce. Dissolve one dram of iodoform in one half ounce of the oil of eucalyp-

tus, and paint the diseased surface with this solution. Two or three applications will usually effect a cure.

Granulated Lids. Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

Granular Pharyngitis. The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bedtime. The most obstinate cases will often yield promptly to this course.

Chronic Ulcers of the Leg, Cracked Nipples, and all kinds of Indolent Ulcers with Raised Edges. Prepare an ointment containing one half dram of iodoform in an ounce of cosmoline, and apply frequently after having previously thoroughly cleansed the parts. The well-known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

Uterine Catarrh. For uterine catarrh, or, as it is improperly called, endometritis—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one half dram of finely-powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment-jar. I have a thin silver tube about one fifth inch in diameter with a closely-fitting piston. This tube is about eight inches long. When a suppository is needed I retract the plunger or piston to a point from the distal extremity of the tube corresponding to the length of the required suppository. Then fill the lower end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time. Unlike the gelatine pencils of iodoform, which are so widely advertised, this melts and takes effect at once, and causes no pain.

Fissure of the Female Urethra. This troublesome and intractable ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with

fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

Gonorrhea in the Male. The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhea I have used for nearly two years, and I can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the British Medical Journal, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhea. I would, however, give the preference to the method of preparation and application which I have here described, as being simpler and perhaps more effectual than his. It must be remembered that the popular addition of balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.

Notes and Queries.

THE McDOWELL MEDICAL SOCIETY held its fourteenth semi-annual session in the city of Owensboro on the 27th and 28th of October—Dr. W. M. Fuqua, of Hopkinsville, president, in the chair. Drs. W. Whitson, of White Plains, and H. K. Osburn, of West Louisville, were elected members.

Dr. B. F. Hobbs, of Owensboro, in his report on Infectious Diseases, took a positive stand for the specific origin of disease, ascribing modifications to the degree of favorableness of soil into which these germs fall, and advocated improved hygienic surroundings as the most powerful means of combating these ills. This theory was vigorously opposed by Dr. Hale, who maintained the spontaneity of disease, due to chemical rather than vital poisons, and attributed the good accomplished by a high degree of sanitation to the removal of the agents directly engaged in their production. Dr. Stirman condemned the word infectious, as it necessarily presupposes a counterpart, and attributes to one set of diseases a specific origin, while others are regarded vagrant, and expressed a firm belief in and defended with much warmth and vigor the seminal theory of all diseases, modified by the character of soil into which these germs fall, individual power of resistance and exhaustion of peculiar pabulum accounting for immunity. An antecedent cause and a germinal soil are absolutely essential to the development of disease. Dr. Luckett advocated a common origin of all zymotic diseases, and attributed peculiar features to the training or developing influence of surroundings, referring to animal and vegetable varieties, widely different in many respects, but possessing qualities common to all, as corroborative evidence. Dr. Arch. Dixon indorsed the paper, and believes that all zymotic diseases are dependent upon a *contagium virum*, and that it is owing entirely to condition of soil upon which the germ is deposited as

to whether a characteristic type is produced. He further stated that vitality is the death of these germs and lowered vitality their life. They may fall upon a perfectly healthy soil, and though they may not die they will not germinate; falling upon a subvital soil, they at once fructify. Dr. W. M. Fuqua also cordially indorsed the germ-theory of diseases.

Drs. Luckett, Stuart, and Watkins were appointed a committee to draft resolutions expressive of regret at the continued illness of and sympathy with Drs. J. B. Cook and A. T. Watkins, members of the Society.

A discussion on Scarlatina subsequently followed a paper presented by Dr. B. F. Eager. In the treatment of the disease veratrum and aconite found both advocates and opponents, while upon graduated baths and inunctions all seemed to unite, and the usefulness and uselessness of quinine in the reduction of temperature seemed about equally balanced. The preparations of opium, the bromides, and chloral hydrate were all suggested for restlessness when its long continuance or violence of character indicated hypnotics. The value of stimulants almost from the first was generally recognized. Suggestions for local treatment of the throat included mild remedies, while some simply urged cleanliness. The happiest results in malignant cases seemed to have been obtained from the hot mustard-bath, followed by a course of stimulation such as quinine and ammonia carbonate. Dr. W. M. Fuqua commended the use of the hypophosphites after a fall of temperature as the best means of preventing the development of sequelæ. Nothing unusual in the treatment of other complications was brought out.

The report of Dr. Arch. Dixon on Empyema, consisting of a detail of three cases and treatment, demonstrated in a remarkable degree the superiority of aspiration over incision with permanent opening, the first case of which was remarkable not only on account of the enormous amount of pus which must have been discharged, but its favorable termination after months of lingering, as if vibrating between life and death. The remaining two patients made rapid recoveries. The results of incision

in the hands of Dr. Hodge were not as unfavorable as the Bellevue Hospital statistics recently published in the Medical Record, he having operated in seven cases with six reasonably rapid recoveries and but one death. In the course of the discussion Dr. Hanna reported a case which first opened spontaneously through the lung and discharged about a gallon of pus, at which time both aspiration and incision were successively resorted to without obtaining pus, and which finally discharged into the colon and rapidly terminated in convalescence and recovery. A similar case was reported by Dr. W. M. Fuqua, which found egress by the rectum.

Dr. J. P. Thomas, of Pembroke, not being present, his paper on Placenta Previa was presented by proxy. The essay was exhaustive, and was discussed by Drs. Todd, Fuqua, Hodge, Tyler, Dixon, Watkins, Hale, and Hanna, who in the main agreed with Dr. Thomas, though none of the speakers had met in practice a number at all proportional with his. [The paper of Dr. Thomas will appear in a future number of this journal.—Ed. Pract.]

The general discussion of Pneumonia, which was opened by an excellent paper on the treatment of this disease by Dr. Hodge, of Henderson, was postponed to the last, on which account it was not as free and full as was expected and desired. The self-limited theory was advocated and a symptomatic course of treatment advised, regarding all attempts at abortion as at least useless. Sedatives, quinine, veratrum, and potass. nitras for great febrile excitement, gentle counter-irritation and warm applications, blisters to promote absorption, and stimulants to combat depression, with ammonia carbonate as an expectorant when sputa is viscid, will represent in brief the remedies indicated. Dr. Kimbley advocated abortive measures, and expressed abiding faith in tartar emetic and similar depressants for the accomplishment of resolution. Drs. Hale and Todd participated in this discussion, agreeing in the main with Dr. Hodge.

After the appointment of the usual committees and the passage of a resolution of thanks to the physicians and citizens of

Owensboro for kindly treatment, the Society adjourned, and upon invitation of the Christian County Medical Society agreed to meet in Hopkinsville on May 25, 1881.

The Tri-States Medical Society met in this city on November 9th, and after a session of four days adjourned to meet in St. Louis next autumn. It is a huge body — on paper. It appeared a very small body in this city. With a membership approaching three hundred, its roll-call was answered by less than sixty persons, including the eighteen new recruits enlisted here. Why this enormous absenteeism of the older members from a meeting held in a city so accessible as Louisville, we leave the founders and promoters of the organization to explain. It is certainly suggestive. It was certainly also a disappointment to the profession here, who had been promised by the local managers a very large attendance. Disappointments are, as a rule, not agreeable. They never awaken enthusiasm; they usually sit down on it. Such was the case here. And this we offer as one of the reasons why so few of the physicians of Louisville joined the Society. There were other and far stronger reasons, founded in the workings, in the management of the Society, which we will not stop now to enumerate. The simple hint we have thrown out is intended for such of our cotemporaries as have made this a ground on which to declare the Louisville meeting of the Tri-States Society a failure. We make bold to say it was not a failure. On the contrary, it was a success. No doubt much time was lost. We are not in a humor to inquire whose fault this was. No doubt many of the papers were too long; some of them were heavy. Others were read in tones which could not be heard. There was much confusion, most of which we know could have been avoided. But with all these drawbacks, and others which need not be mentioned, there was a lot of good work done. The address of the president was thoughtful and strong; that of Dr. Sarah Hackett Stevenson was graceful, scholarly, and impressive; that of Dr. Parvin was bright, instructive, happy. Our readers will see in early issues

of the PRACTITIONER a number of the papers presented to the Society, and we predict they will be pleased with them. We make room on another page for a bit of thoroughly good work done by that sterling surgeon of Indiana, Dr. Weist; and in order to vindicate our statement touching the address of our junior we shall venture to conclude these remarks with a few extracts from what we wish we had the space to give as a whole.

The three sides of the quadrilateral—Cincinnati, St. Louis, and Chicago—have each, through their correspondents, intimated that the Society was not well received in Louisville. This we declare "the unkindest cut of all." There never came a society among us which had such a welcome, or, to put it more accurately, such an amount of welcome. It was welcomed in a long speech by the profession to the profession; it was welcomed in a still longer speech by the mayor to the city; and in yet another speech it was welcomed by the governor to the state. If there was a member present who did not take something with us, it was his own fault; he was certainly asked. If there was one who did not collate and make a speech at the collation, he has nobody to blame but himself; he was certainly invited to do both. The same correspondents have intimated that it would be a long time before the Society would meet in Louisville again. Perhaps it may be, but we hope not. When it does pay us a second visit mayhap it will come under other auspices, under a management which, being older and wiser, shall be the better able to please a larger number; mayhap a hall to seat one hundred instead of one thousand shall be selected as the place of meeting; better still, perhaps the Bernardos

> "Who kept an honest fame,
> And had the virtue not to try and sell
> Drugs that had none,"

will be relegated to rooms out of earshot; perhaps speeches of welcome will be fewer and shorter, and discussions of scientific matters more numerous and longer; perhaps papers shall be curtailed, and those who read them shall be heard; but, better than all these, mayhap the attendance shall be larger, discus-

sion encouraged, the ranks closed, the rules on the statute-books observed, and order enforced.

Prof. Parvin chose as the subject of his address The Mind as Affecting the Treatment of Disease. We shall not attempt to follow the thread of the discourse, but merely select a passage here and there:

That in our day there is a strong tendency toward materialistic belief, or at least to agnosticism, must be evident. Pyschology, then, becomes but a chapter in physiology, and the soul but the sum of brain functions. In opposition to the materialist is the spiritualist. The latter holds that the mind is a temporary inhabitant of the human body, and is capable of and destined to an independent existence when the life of the body ceases. It asserts the existence of the individual. It says that the brain is the organ of thought, but not thought; I think, not the brain. This thinking corresponds to a state of the brain, but that state, that condition, is not thought. Materialism and spiritualism, the perpetual antithesis which philosophy in all ages presents. Who shall harmonize each great strife! Our own Dr. Holmes has said, and the passage, though referring to design, has a meaning in regard to this question: "Every man carries about with him in his own organization a syllogism which all the logic in the world can never mend. If his scepticism will not melt away in such an ocean of evidence it is because it is insoluble." That the race shall come with common consent to one faith—come to believe that there is a piece of divinity within us which was before the stars and owes no homage to the sun, and which shall live when these shall perish, is a hope, a hope of the far off, far off future.

Meantime and moreover far be it from me to impugn the motives or question the knowledge and sincerity of those who hold a belief different from my own. There is a common ground in discussing at least most of the manifestations of mind in man; we can alike recognize the brain as the organ of the mind—*das Seelen* organ, Wagner terms it.

We may, without offense to the most devout agnostic, claim for man, though in a higher degree, all the manifestations of mind that Dr. Lindsay finds so abundant in many of the lower animals. The brain is essential for these manifestations. When the celebrated painter, Opie, was asked with what he mixed his paints, his answer to the flippant question was apparently rude, but nevertheless true, "With brains, sir." From brains come all art and science, all victo-

ries of peace and war; by them cities are built, forests are leveled, mountains scaled, bridges cast over broad rivers, commerce and civilization destined to conquer the world. By brains the individual develops the highest power and rules himself and others. Life's comfort and usefulness largely depend upon a wise use of brains. Brains being then so important to man, it is satisfactory to know that the product is increasing. The superiority of man to the highest ape, in regard of brains, is well known. The heaviest brain belonging to one of these men-like apes yet examined has been barely one half the weight of normal human brain, although the weight of the entire body in the great gorilla may be nearly double that of an ordinary man.

But it is not less true that so far as observations testify the man of today has a better cerebral development than his ancestors several centuries back. For example, the investigations of Broca show that the skull of the Frenchman of the nineteenth century is materially larger than that of the Frenchman of the twelfth century. This development of course comes from exercise; the brain grows with use, and increase goes on from generation to generation. As Dr. Maudsley has so well said, "Each new insight into natural phenomena on the part of man, each act of wiser doing founded on truer insight, each bettered feeling which has been developed from wiser conduct has tended to determine by degrees a corresponding structural change in the brain, which has been transmitted as an innate endowment to succeeding generations, just as the acquired habit of a parent animal becomes sometimes the instinct of its offspring; and the accumulations of these slow and minute gains, transmitted by hereditary action, have culminated in the higher cerebral organization in which they are now, as it were, capitalized." Of course there are remarkable race differences as to brain. The superior races have been termed frontal races, because of the greater development of the front part of the head, while inferior races are known as occipital, from a corresponding greater development of the back part of the head. So, too, in the most favored races. We find frontal men and women, frontal families, in whom the typical feature stands out in especial prominence. And, most unfortunately, too, there are even in those races departures from the normal type, retrogressions. A most interesting fact in regard to the provision for the development of the brain is that, in the frontal and occipital races, the union of the bones of the skull proceed in a reverse order. Thus, in the former, the closure of the skull sutures proceeds from the back part forward, and consequently the posterior portion of the brain has ceased to grow some time before the anterior

—the brain-case closed early in one part, left open longer in the other. But in the occipital races this closure occurs from before backward, and therefore the anterior brain-mass must cease to grow some time before the posterior.

In regard to the physical degeneration, the retrogression alluded to a moment since, its possibilities are too much neglected at the present day when we have become so enamored of evolution, which we regard as essentially and necessarily progressive. A little volume by Prof. Lankester, recently issued, is quite suggestive of a grievous error in this regard. The distinguished author shows that there is what he terms a degenerative evolution—a descent from higher to lower forms. The barnacle, for example, was once a crustacean. Sponges are degenerate; this, however, was known long ago from human specimens. A sponge among men is not only deteriorated but detested. Oysters are probably degenerated from a higher type of head-bearing, active creatures like the cuttle-fish. Let us be thankful for the last degeneration; for who would exchange oysters on the half-shell, oysters fried, stewed, boiled, baked—cooked in any conceivable way—for any possible kind of cuttle-fish. But as is the proved degeneration of certain forms of animal life, so is that of man, of people, of families. Evil can be transmitted as certainly as good. A dwarfed, dull brain—a brain stupid, besotted, sensual—can become hereditary as certainly as a brain large, wise, philanthropic, in every way noble. Let it not be thought any thing has been said or will be said sustaining that scientific sentimentalism which finds in physical conformation and hereditary transmission an excuse for crime; palliative indeed such conditions may be, but no universal excuse, else there is an end to law and the punishment of criminals, and the moral sense becomes the exclusive attribute of only favored races and individuals.

The influence of blood-changes or of diseased organs upon the action of the brain is full of interest though often inexplicable. Witness the intellectual excitement of ether and of laughing-gas. Observe the brain-effects of alcoholic stimulation, of opium, tea, and coffee. Observe the impatience and irritability of the dyspeptic; observe the sluggishness and stupidity of a gross feeder, one who makes his belly his god. That condition of the mind termed melancholy, in the very word represents the old notion of its cause and suggests no small measure of truth. A patient with pulmonary consumption is often sustained through months of progressive decay by most extravagant hopes, and even with one foot in the grave, yea almost in the very article of death, will form plans for next week, next month, next year. What a blessing that death, the King of Terrors, as mortals have

crowned him, comes to us so often like the goddess to Æneas, wrapped in a cloud, and that the light of hope so frequently lingers in the human heart until the eye is dimmed in death.

Education is a subject upon which the voice of the physician should be heard and heeded much oftener than it is. Not merely should their voice be heard as to the construction of school-houses and their general sanitary arrangement; as to the hours of study and of recreation and as to the number of studies; the age at which pupils should enter and the duration of the course of instruction; but as to individual pupils. If doctors were to practice medicine in the way education generally is conducted the human race would in a few centuries become extinct, and some visitor from Saturn might write in flowing letters upon the great grave of the world, "Doctored to death." Why, what would the public think of a physician visiting fifteen or twenty patients daily, giving to each, disregarding age, sex, organization, constitution, condition, disease, precisely the same dose of the same medicine, and directing the same diet in the same quantity! This is just what is being done in our public schools, and no one utters the feeblest protest. The physician must individualize in his treatment of two patients suffering with the same disease. So too education must individualize in the best sense of that word. True, this is impossible of full accomplishment now. But a partial good is better than none, and let us do the best we can. Increase the number of teachers, even if salaries must be somewhat reduced. These teachers would not be compelled to work so hard as they do now, and therefore would last longer; and, by the way, overwork of female teachers is another of the evils of our public-school system, at least in cities. With this increase of teachers, and by making more advanced pupils teach during a portion of the school-hours, the number of classes might be materially increased, and scholars better classified as to advancement, and as to aptitude and studies, with length of lessons determined.

But there is another topic in reference to education of which a word must be said, and that relates to sex. If every physician, if every teacher, and if every father and mother had that admirable book, written a few years ago by the late Dr. Edward H. Clarke, of Boston, entitled Sex in Education, I would be silent. The theses, ably maintained by Dr. Clarke, are that both the identical education and the identical co-education of the sexes are condemned both by physiology and experience. How often is the physician consulted by women whose health was wrecked in school-girl days, and for whom there is frequently no hope of ever possessing the beauty, the strength, and the intellectual power which they ought to have. Their brains were overworked just

when vital forces were needed for the development of a perfect womanhood. Teacher, custom, and fashion said, Give this girl education now; task her mind to the utmost; strain her cerebral power to the utmost tension. Physiology and nature said, Give her rest; let her have more time for her education. But their voices were unheard, and now violated law inflicts terrible punishment. The race was run, the education obtained, but the winner crippled for life. Physiology says twenty is as early as a woman should marry, and the nearer she has advanced to twenty-four the better. Why then need her education be accomplished at sixteen or seventeen, or even at eighteen? The girl ought not to complete her education in the same studies, provided she has them, as her brother's, until a year or two later than he does. She can do it and make a brilliant success, but a bad physical failure. The cerebral development which is obtained by sacrificing the general health is a burden rather than a blessing.

Ought not physicians publicly and privately make protest against this wrong which is so commonly being inflicted upon the future wives and mothers of the republic?

Dr. J. W. Weist summarized his conclusions on Bronchotomy for Foreign Bodies in the Air-passages in the following words:

1. When a foreign body is lodged either in the larynx, trachea, or bronchial tubes the use of emetics, errhines, and similar means should not be employed, as they only increase the sufferings of the patient and do not increase the chance of expulsion.

2. Inversions of the body and succusion are dangerous, and should not be practiced, unless an opening has been previously made in the windpipe.

3. When the symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay. Also when the foreign body is lodged in the larynx, there being no paroxysm of strangulation, but a progressively increasing difficulty of respiration from edema or inflammation.

4. When the body is movable, playing up and down the trachea, and exciting frequent attacks of strangulation, bronchotomy should be performed.

5. The presence simply of a foreign body in the air-passages does not warrant a decision in favor of bronchotomy.

6. While a foreign body excites no threatening or dangerous symptoms bronchotomy should not be performed.

7. While the foreign body remains fixed in the trachea or bronchial tubes bronchotomy should not be practiced.

In conclusion I will add a word in relation to the operation of bronchotomy. The lower down the operation is made the greater the difficulty in its performance and the danger attending it. Yet unless the foreign body is lodged in the larynx laryngotomy is not the operation to be selected; the better operation is tracheotomy or laryngo-tracheotomy.

It is well not to perform the operation hurriedly, unless suffocation is imminent, but in my opinion a formal dissection is not the best method of performing the operation of tracheotomy. Make a free incision through the skin with an ordinary knife, then work down to the trachea by a process of scratching with the point of a dull knife, a method I learned from Prof. W. W. Dawson, of Cincinnati. This maneuver can not be well executed with the handle of the scalpel, as considerable force is required. By this method the quantity of blood lost is greatly diminished, and that bugbear of the young surgeon, the isthmus of the thyroid gland, may be ignored, for it is true that, notwithstanding nearly all surgical writers give precise instructions with reference to the management of this structure during the operation, it is seldom seen.

After reaching the trachea it is commonly advised to not open it until hemorrhage has ceased. If this advice is followed literally, the opening will not be made in many cases until after the patient is dead. An opening should generally be made as soon as the trachea is fairly exposed to prevent a loss of blood that many times can be but illy borne. The hemorrhage mostly comes from veins that have been greatly distended in consequence of the embarrassed respiration, and ceases directly after the air finds free access to the lungs through the tracheal wound. To prevent the entrance of blood in the trachea, turn the patient immediately after the opening is made face downward, and introduce into the tracheal wound a dissecting forceps, the elasticity of whose blades will keep the wound open, and for this purpose tubes are not admissible. Martin's method of stitching the edges of tracheal wound and the skin together accomplishes the purpose better than any other.

A modification of the old method of performing tracheotomy has lately been extensively adopted in Germany. It is known as Blose's operation, and is thus described by Mackenzie: "A longitudinal incision is made, beginning over the middle of the thyroid cartilage and carried downward through the skin and the subcutaneous tissue, till the superior layer of the deep cervical fascia is reached. The expansion of this incision is then effected by means of a spring dilator inserted in the middle of the wound, and a horizontal incision about

half an inch in length, corresponding to the lower part of the crico-thyroid membrane—is made through the superficial layer of the deep cervical fascia. A director is then inserted from above, between the deep layer of the deep cervical fascia and the cricoid cartilage, and both layers of the fascia and every thing which is between them—venous plexus, isthmus of the thyroid gland—is carried down by simply raising the director. The whole field of the operation is now free, and the opening in the trachea is made in the usual way."

TIMOTHY HOLMES, ESQ.—The following pen-picture of this distinguished London surgeon we take from the letter of the London correspondent in Louisville Medical News:

Among all the London surgeons it would be difficult to find a more thorough type of the educated John Bull. Of firm and handsome features, with somewhat of the look of a naval Wellington, bluff in manner, short and quick in speech, independent in his views, and having amply the courage of his opinions, Mr. Holmes is a very individual figure among English surgeons. At the College of Surgeons he has opposed himself more than once to the most powerful majorities, and lately he resigned his office of examiner, with valuable emoluments, rather than continue it under the new system which has decreed a separation of the functions of examiner in anatomy and surgery. Holmes contends that a good surgeon must be a good anatomist, and that surgeons best know how anatomy should be taught and how the examinations in it should be conducted. He energetically opposed giving up the examinerships in anatomy to the younger men, who contend that they know best as specialists how to test the knowledge of the men whom they teach, and when finally outvoted he withdrew from the board of examiners.

LEISURE AND RECUPERATION.—Dr. Chevers in a pleasant address in the Medical Times and Gazette thus discourses of *Rest:*

"Cease to work on Sundays," was Johnson's dying adjuration to Joshua Reynolds. Medical men are of course unable to command any given moment of their time; still all those who wish it can generally make Sunday a day of rest. It is clearly indispensable that the medical man shall be an early riser, and when in large practice he is rarely allowed to waste time in sleep; but whenever he can get it his sleep should be quite *ad libitum*. I could never understand a judge who boasted that he restricted himself to five hours' sleep; but it appeared to me that the singular irritability and want of dignity and

equanimity which he displayed on the bench were largely attributable to this cause. The greatest and most laborious ruler of India in modern times—Lord Dalhousie—considered that hard study or intense mental labor of any kind can not be habitually maintained longer than six hours. When more is attempted the result is muddled. Of one practical fact there can be no doubt; he who works and thinks hard all day can not afford systematically or frequently to spend half the night in any frivolous amusement or intense study. Many elderly men lose their reserve force and break down in vainly attempting these modes of life.

MESSRS. HENRY C. LEA'S SON & Co. publish the following card, for which we beg to thank them in the name of our readers, which commends itself to the consideration of a profession already greatly indebted to the enterprise of this sterling house:

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HAHNEMANN was one day consulted by a wealthy English lord. The doctor listened patiently to the patient. He took a small vial, opened it, and held it under his lordship's nose. "Smell! well, you are cured." The lord asked in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank-note and held it under his nose. "Smell! well, you are paid."

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